

NOTICE OF HEARING IN REMOVAL PROCEEDINGS
IMMIGRATION COURTRE: KAMBUROWSKI, MICHAEL RAPHAEL
FILE: A76-595-582TO: MICHAEL P. DIRAIMONDO
401 BROADHOLLOW RD. #302
MELVILLE, NY 11747

DATE: Feb 25, 2004

Please take notice that the above captioned case has been scheduled for a MASTER hearing before the Immigration Court on Mar 12, 2004 at 8:30 A.M. at:

182-22 150TH AVENUE
JAMAICA, NY 11413

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions: (1) You may be taken into custody by the Immigration and Naturalization Service and held for further action; OR (2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Immigration and Naturalization Service established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A list of free legal service providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 or 703-305-1662. *YOU MUST BRING PHOTO IDENTIFICATION TO ENTER THE BUILDING.*

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL PERSONAL SERVICE PERSONAL SERVICE PERSONAL SERVICE
TO: C I ALIEN ALIEN CUSTODIAL OFFICER ALIEN'S ATT/REP INS DATE 2/25/04 BY COURT STAFF NY 100-02 V3
Attachment(s): C I EOIR-33 C I EOIR-28 C I Legal Services List C I Other

MMJ

against me be reopened so that I can proceed with my adjustment of status application. My wife

and I are very happily married and look forward to resolving this very unfortunate situation. She

DSN: 123456789 33, 3004

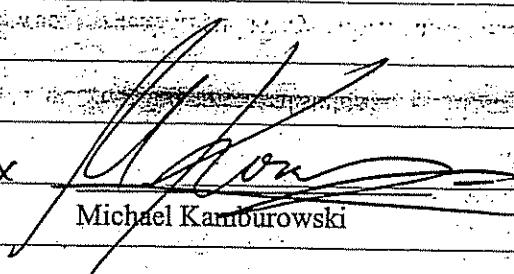
is very upset about this situation, and was shocked at my arrest and detention. I am worried about
her emotional and psychological state.

I declare under penalty of perjury that the foregoing information is true and correct to the

best of my knowledge, information and belief.

Dated: January 22, 2004

Garden City, New York

X 
Michael Kambourowski

U.S. Department of Justice
Immigration and Naturalization Service

Notice to EOIR: Alien Address

Date: Q.20.04

File No: 76 595 582

To: Office of the Immigration Judge
Executive Office for Immigration Review
182-22 150th Avenue
Jamaica, NY 11413

From: Office of the District Director
Immigration and Naturalization Service
26 Federal Plaza 14th Floor
New York, NY 10278

Respondent: Kamburowski, Michael

This is to notify you that this respondent is:

Currently incarcerated by other than INS. A charging document has been served on the respondent and an Immigration Detainer- Notice of Action by the INS (Form I-247) has been filed with the institution shown below. He/she is incarcerated at:

His/her anticipated release date is: _____

Currently detained by INS at: _____

 Currently detained by INS and transferred this date to a new location: _____

INS motion for change of venue attached. Yes No

Released from INS custody on the following condition(s):

Personal recognizance
 Order of recognizance (Form I-220A)
 Bond in the amount of \$ 7,500 Surety bond Cash bond
 Other _____

Upon release from INS custody, the respondent reported his/her address and telephone number will be:

15 Ad Nicholas Ave, apt 5H
New York, NY 10026

Upon release from INS custody, the respondent was reminded of the requirements contained in section 239(a)(1)(F)(ii) of the Immigration and Nationality Act and was provided with an EOIR change of address form (EOIR-33).

Martha Jones

(Signature of INS official)

Deportation Officer

(Title of INS official)

MARHTA TORRES

(Printed name of INS official)

NYC/WOC

(Location)

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

X

In the Matter of

Michael KAMBUROWSKI,

ORDER

A76 595 582,

Respondent,

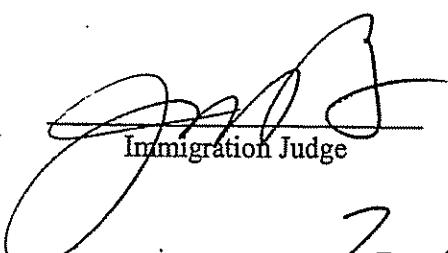
In Removal Proceedings.

X

Upon motion of the Respondent, it is hereby ordered that the Respondent's Motion to Reopen *In Absentia* Order be granted and that venue is changed to the Office of the Immigration Judge at the Queens Wackenhut Detention Facility in Jamaica, New York, where the Respondent is currently detained.

WHEREFORE, the Motion to Reopen is granted and venue is changed to Jamaica, New York.

SO ORDERED


Immigration Judge

2/6/04

000000079

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

In the Matter of

X

Michael KAMBUROWSKI,
A76 595 582,

DECLARATION OF
OF MAILING

Respondent,

In Removal Proceedings.

X

Michael P. DiRaimondo, being duly sworn, deposes and says:

1. I am an attorney, duly authorized to practice law in the State of New York.
2. On January 24, 2004, I served a true and correct copy of the Order by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the Federal Express Corporation addressed to the following:

Office of the Chief Counsel
Department of Homeland Security
Bureau of Immigration and Customs Enforcement
4420 N. Fairfax Drive, Room 500
Arlington, Virginia 22203
(202) 307-1579

I certify that the foregoing is true and correct to the best of my knowledge, information and belief.

Dated: January 24, 2004
Melville, New York


Michael P. DiRaimondo

000000080

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

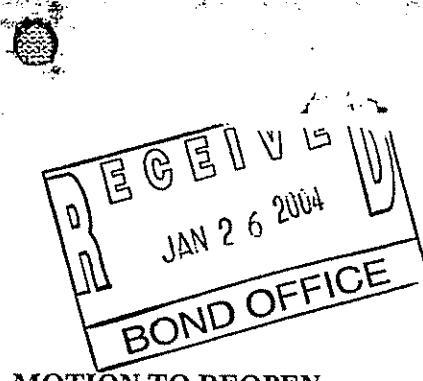
In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

Respondent,

In Removal Proceedings.



MOTION TO REOPEN
IN ABSENTIA ORDER
And CHANGE OF VENUE

RESPONDENT IS DETAINED

Next Hearing Type: MCIC Off Calendar closed
Next Hearing Date/Time: 5/31/01
Judge: Location was wad dae vir JNB
Employee Initials: JAE LTC

The Respondent, Michael Kamburowski, by and through his attorney, Michael P. DiRaimondo, upon the annexed declaration of Michael P. DiRaimondo, the annexed of the Respondent; and upon all papers and proceedings had herein, pursuant to 8 C.F.R. §3.23, hereby moves the Executive Office for Immigration Review, Office of the Immigration Judge, to reopen its *in absentia order* dated May 31, 2001, based on the fact that Respondent did not receive notice of the hearing;

WHEREFORE, the Respondent hereby respectfully requests the Executive Office for Immigration Review, Office of the Immigration Judge, to reopen its *in absentia order* dated May 31, 2001, based on the fact that the Respondent did not receive notice of the hearing and for a change of venue

to the Wachenhet Correctional Facility in Jamaica, New York.

U.S.I.N.S.

FEE RECEIVED January 23, 2004
A CENTURY OF SERVICE Melville, New York

1/26/04 N.Y.C.

7659558248
KAMBUROWSKI, M.
SUBMITTAL
SUBTL
FILM
PC
CHANGE
ITEMS
0003000

Respectfully submitted,

Michael P. DiRaimondo

DiRaimondo & Masi, LLP

401 Broadhollow Road, Suite 302
Melville, New York 11747

(631) 777-5557

RECEIVED
FEB 2 2004
U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE
BOND OFFICE

000000082

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

X

In the Matter of

Michael KAMBUROWSKI,

DECLARATION OF
MICHAEL P. DiRAIMONDO

A76 595 582,

Respondent,

In Removal Proceedings.

X

Michael P. DiRaimondo, hereby declares:

1. I am an attorney in good standing duly authorized to practice law in the State of New York. I represent Mr. Michael Kamburowski and am submitting this declaration in support of his motion to reopen the *in absentia order* dated May 31, 2001.
2. On or about May 31, 2002, I filed a Petition for Alien Relative, Form I-130, on behalf of Gina Kamburowski, for her husband, Michael Kamburowski. Also on that date, I filed an Application for Adjustment of Status, Form I-485, for Mr. Kamburowski. A copy of the filing of May 31, 2002, is annexed hereto as Exhibit "A."
3. As a result of this filing, Mr. and Mrs. Kamburowski were scheduled for an interview on January 22, 2004, at the office of the United States Citizenship and Immigration Service in Garden City, New York. I appeared with them at this interview. During the interview Mr. Kamburowski was asked from Form I-485, part three, Question no. 9, whether he has "ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?" The Respondent answered "No" to this question,

and also answered no to this question when interviewed by me in connection with the filing of the application.

4. It appears, however, that the Respondent was placed under removal proceedings sometime in January 3, 2001, unbeknownst to the Respondent. The Notice to Appear ("NTA") was mailed by regular mail to his old address, which was no longer valid, at 2001 N. Adams Street, Arlington, VA. I was shown this by Special Agent Kidd ("SA Kidd") from the Department of Homeland Security, Immigration and Customs Enforcement, at the interview. The NTA was returned to the Immigration & Naturalization Service ("INS"). This was also told to me by SA Kidd and shown to me in the Respondent's administrative file. SA Kidd refused to give me copies of any documents from the Respondent's administrative file.
5. Additionally, the file showed that a Surrender Notice was mailed to the Respondent at 3202 Pershing Drive, Arlington, VA, and it was also returned.
6. The Respondent lived at 3202 N. Pershing Drive, Arlington, VA, between January 1995 and June 1995. Furthermore, the Respondent informed me that he lived at 2001 North Adams Street, Arlington, VA, between February 1997 and April 1998. This was the address that the NTA was mailed to by regular mail on or about January 3, 2001. The Respondent had not lived at this address since April 1998.
7. As mentioned, I was allowed to review the Respondent's Administrative file with SA Kidd at his adjustment interview on January 22, 2004, and not one document showed that the Respondent had been served with the Notice to Appear. Furthermore, the INS had the Respondent's correct addresses continuously during this period.

8. Respondent was married to Ms. Terri Lynn Sweat, a U.S. citizen, from February of 1997 to April of 1998. As a result of their marriage, a Petition for Alien Relative, Form I-130, and Application for Adjustment of Status was filed with the INS in Arlington, Virginia, on October 30, 1997. *See*, Declaration of Michael Kamburowski, ¶3, and Exhibit "1", annexed thereto, filed herewith.
9. Unfortunately, the Respondent and his first wife were divorced on April 8, 1998, and the Respondent moved to 1613 Harvard Street, N.W., Washington, D.C. Thereafter, the Respondent notified INS of his new address by the filing of Form I-751, Petition to Remove Conditions of Residence on December 9, 1998. The INS, in fact, responded on two occasions to the Respondent at his new address. *See*, Declaration of Michael Kamburowski, ¶¶4 & 5, and Exhibit "2", annexed thereto. Thereafter, the Respondent received no further communication from INS.
10. As an Officer of the Court, and on the basis of my review of the Respondent's administrative file, and the dates and addresses told to me by SA Kidd, the Respondent was never served with the NTA and the Respondent has told me on more than one occasion that he was never under any immigration proceedings.
11. Additionally, the Respondent told me on January 22, 2004, that he never received the NTA or any other document informing him that he had was being placed under removal proceedings, or any document that he had to appear for a removal hearing, or any document that he had been removed in his absence.
12. The Respondent was arrested at his adjustment of status interview at 711 Stewart Avenue, Garden City, New York, on January 22, 2004, and is now being detained by the Service at Wackenhut Correctional Facility, in Jamaica, New York. As such, it is respectfully requested that this motion

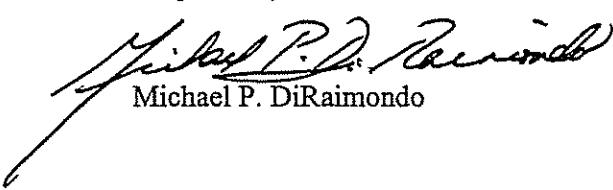
be expedited.

WHEREFORE, on the basis that the Respondent was never served with the NTA and failed to receive notice of the hearing date, the Court should reopen said proceedings and change venue to the Wackenhut Correctional Facility, Jamaica, New York, where the Respondent is presently detained by the Service.

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge, information and belief.

Dated: January 23, 2004
Melville, New York

Respectfully submitted,



Michael P. DiRaimondo

DIRAIMONDO & MASI, LLP
ATTORNEYS AT LAW

FILE COPY

401 BROADHOLLOW ROAD, #302
MELVILLE, NEW YORK 11747
(631) 777-5557
(631) 777-5114 FAX

120 BROADWAY, 18TH FLOOR
NEW YORK, NEW YORK 10271
(212) 587-0550
FAX (212) 587-0545

FEDERAL EXPRESS

May 31, 2002

Immigration & Naturalization Service
26 Federal Plaza, §245 Unit
New York, NY 10278

Re: Michael KAMBUROWSKI - Beneficiary
Gina J Kambrowski - Petitioner
I-485 - Application for Permanent Residence

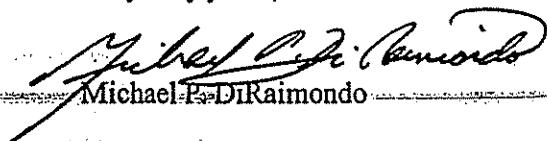
Dear Sir or Madam:

In reference to the above-captioned matter, enclosed please find the following documents:

- Form G-28;
- Form I-130;
- Birth Certificate - Petitioner;
- Marriage Certificate;
- Divorce Certificate - Beneficiary;
- Forms G-325A;
- Form I-485;
- Abstract of Birth Certificate - Beneficiary, with translation;
- Form I-864;
- Bank Letter;
- Form I-765;
- Form I-94;
- Photographs; and
- Filing Fees: \$555.00.

Thank you for your assistance in this matter.

Very truly yours,


Michael P. DiRaimondo

Enclosures
MPD/kag

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Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re: **KAMBUROWSKI, Michael R - Beneficiary**
KAMBUROWSKI, Gina J - Petitioner
I-130/I-485 - Application for Adjustment of Status

Date: **02-26-02**File No. **None**

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name: Michael Raphael KAMBUROWSKI	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant	
Address: (Apt. No.) 11-15 St. Nicholas Avenue, Apt 5H	(City) New York	(State) NY	(Zip Code) 10026
Name: Gina Jessica Kambrowski	<input checked="" type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant	
Address: (Apt. No.) 11-15 St. Nicholas Avenue, Apt 5H	(City) New York	(State) NY	(Zip Code) 10026

Check Applicable Item(s) below:

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia
New York **All Courts** _____ and am not under a court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law.

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)

4. Others (Explain fully.)

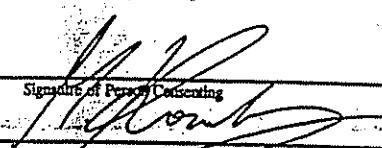
SIGNATURE 	COMPLETE ADDRESS DiRaimondo & Masi, LLP 401 Broadhollow Road, #302 Melville NY 11747
NAME (Type or Print) Michael P DiRaimondo	TELEPHONE NUMBER 631-777-5557 FAX 631-777-5114

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

Michael P. DiRaimondo, Esq.

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

Name of Person Consenting Michael Kambrowski	Signature of Person Consenting 	Date 5/23/02
--------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	------------------------

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 F, SFO

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DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID# A# G-28 or Volag#	Action Stamp	Fee Stamp
Section of Law <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(5) AM CON: _____	Petition was filed on: _____ (priority date) <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204(a)(2)(A)Resolved <input type="checkbox"/> 204 (b) Resolved	
Remarks:		

A. Relationship

1. The alien relative is my: 2. Are you related by adoption? 3. Did you gain permanent residence through adoption?

Husband/Wife Parent Brother/Sister Child Yes No Yes No

B. Information about you

1. Name (Family name in CAPS)	(First)	(Middle)
KAMBUROWSKI, Gina Jessica		
2. Address (Number and Street)	(Apartment Number)	
11-15 St. Nicholas Avenue	5H	
(Town or City) New York	(State/Country) NY USA	(ZIP/Postal Code) 10026
3. Place of Birth (Town or City)	(State/Country)	
Hartford	CT	USA
4. Date of Birth (Mo/Day/Yr) 03-15-77	5. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Female <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	6. Marital Status <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
7. Other Names Used (including maiden name) Gina Jessica Smith		
8. Date and Place of Present Marriage (if married) 06-14-01; Arlington, Vingina USA		
9. Social Security Number 045-82-7394	10. Alien Registration Number (if any)	
11. Names of Prior Husbands/Wives	12. Date(s) Marriage(s) Ended Terri Lynn Sweat	

13. If you are a U.S. citizen, complete the following:

My citizenship was acquired through (check one)

Birth in the U.S.
 Naturalization (Give number of certificate, date and place it was issued)

 Parents

Have you obtained a certificate of citizenship in your own name?

 Yes No

If "Yes", give number of certificate, date and place it was issued

14a. If you are a lawful permanent resident alien, complete the following:

Date and place of admission for, or adjustment to, lawful permanent residence,
and class of admission:

14b. Did you gain permanent resident status through marriage to a United
States citizen or lawful permanent resident? Yes No

00001581	INITIAL RECEIPT	RESUBMITTED	RELOCATED	COMPLETED		
		Rec'd	Sent	Approved	Denied	Returned

NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.

**NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded.
Do not write in the section below item 6.**

1. Name of relative (Family name in CAPS)	(First)	(Middle)	
KAMBUROWSKI	Michael	Raphael	
2. Other names used by relative (Including maiden name)	N/A		
3. Country of relative's birth	4. Date of relative's birth (Month/Day/Year)		
Poland	05-03-71		
5. Your name (Last name in CAPS)	(First)	(Middle)	6. Your Phone Number
KAMBUROWSKI, Gina Jessica			202-425-4721
Action Stamp	SECTION	DATE PETITION FILED	
	<input type="checkbox"/> 201 (b)(spouse) <input type="checkbox"/> 201 (b)(child) <input type="checkbox"/> 201 (b)(parent) <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)	<input type="checkbox"/> STATESIDE <input type="checkbox"/> CRITERIA GRANTED <input type="checkbox"/> SENT TO CONSUL AT:	

00001581

CHECKLIST

Have you answered each question?

Have you signed the petition?
Have you enclosed:

- The filing fee for each petition?
- Proof of your citizenship or lawful permanent residence?
- All required supporting documents for each petition?

If you are filing for your husband or wife have you included:

- Your picture?
- His or her picture?
- Your G-325A?
- His or her G-325A?

U.S. DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
901 NORTH STUART ST., STE. 1300
ARLINGTON, VA 22203

In the Matter of:
KAMBUROWSKI, MICHAEL RAPHAEL
RESPONDENT

Case No.: A76-595-582

Docket: ARLINGTON, VIRGINIA

IN REMOVAL PROCEEDINGS

ORDER OF THE IMMIGRATION JUDGE

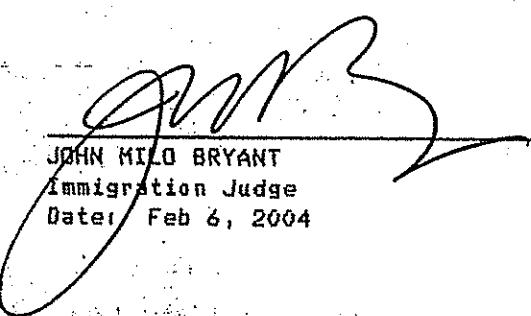
Upon due consideration of the Motion for Change of Venue filed in the above entitled matter, and having been satisfied that the non-moving party was accorded notice and an opportunity to respond, it is HEREBY ORDERED:

that venue is changed to New York.

The Immigration Court having administrative control over this hearing location is

Alien's new address is IN DHS CUSTODY
NEW YORK NY 10014

Alien's new attorney/representative (if any) is


JOHN MILE BRYANT
Immigration Judge
Date: Feb 6, 2004

Appeal: WAIVED (A/I/B)
Appeal Due By:

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)
TO: ALIEN ALIEN c/o Custodial Officer Alien's ATT/REP INS
DATE: 21/6/04 BY: COURT STAFF Tom
Attachments: EOIR-33 EOIR-28 Legal Services List Other

against me be reopened so that I can proceed with my adjustment of status application. My wife

and I are very happily married and look forward to resolving this very unfortunate situation. She

is very upset about this situation, and was shocked at my arrest and detention. I am worried about

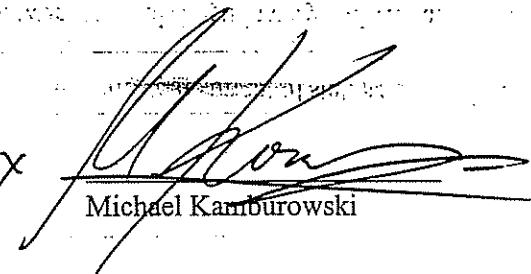
her emotional and psychological state.

I declare under penalty of perjury that the foregoing information is true and correct to the

best of my knowledge, information and belief.

Dated: January 22, 2004

Garden City, New York


Michael Kamburowski

(3)

000000092

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
ARLINGTON, VIRGINIA

KAMBUROWSKI, MICHAEL RAPHAEL
IN DHS CUSTODY
NEW YORK NY 10014

Date: Feb 10, 2004

File A76-595-582

In the Matter of
KAMBUROWSKI, MICHAEL RAPHAEL

Attached is a copy of the written decision of the Immigration Judge. This decision is final unless an appeal is taken to the Board of Immigration Appeals. The enclosed copies of FORM EOIR 26, Notice of Appeal, and FORM EOIR 27, Notice of Entry as Attorney or Representative, properly executed, must be filed with the Board of Immigration Appeals on or before _____.

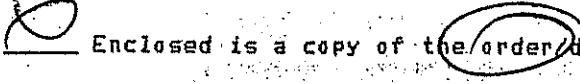
The appeal must be accompanied by proof of paid fee (\$110.00).

Enclosed is a copy of the oral decision.

Enclosed is a transcript of the testimony of record.

You are granted until _____ to submit a brief to this office in support of your appeal.

Opposing counsel is granted until _____ to submit a brief in opposition to the appeal.

 Enclosed is a copy of the order/decision of the Immigration Judge.

All papers filed with the Court shall be accompanied by proof of service upon opposing counsel.

Sincerely,


Immigration Court Clerk

UL

cc:

KHO

000000093

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

----- X

In the Matter of

Michael KAMBUROWSKI,

DECLARATION OF
MICHAELKAMBUROWSKI

A76 595 582,

Respondent,

In Removal Proceedings.

----- X

Michael Kamburowski, hereby declares:

1. I am the Respondent in this action, and submit this declaration in support of my motion to reopen.
2. I am a citizen of Australia, who entered the United States on January 23, 1995, as a nonimmigrant visitor, with authorization to remain in the United States until June 22, 1995.
3. On February 8, 1997, I married Terri Lynn Sweat, a United States Citizen.

My wife then petitioned for me to adjust my status in the United States. These papers were filed with the Immigration and Naturalization Service ("INS") office in Arlington, Virginia, in October of 1997. At that time, we were living at 2001 North Adams Street in Arlington, Virginia. A copy of these papers are annexed hereto as Exhibit "1."

4. In 1998, my wife and I started having marital problems, we went to counseling, but unfortunately we divorced in April of 1998. At that time, I moved to my new address at 1613 Harvard Street, N.W., Washington, D.C.
5. In December of 1998, I filed a Form I-751, Petition to Remove the Conditions of Residence with the Immigration and Naturalization Service. I thought that I needed to file this form since I had

been divorced. I gave the INS my new address and the INS then sent me two letters regarding my petition to my new address. A copy of these letters are annexed hereto as Exhibit "2." After that, I did not receive any further communication from the INS. Based upon their letter of July 28, 1999, I believed that my case had been terminated.

6. Thereafter, I met my present wife and we were married in Arlington, Virginia, in June of 2001, and then moved to New York. Once in New York, we hired my present counsel, Mr. DiRaimondo to file papers to adjust my status. Mr. DiRaimondo filed papers with the INS in New York on May 31, 2002.
7. During my meetings with Mr. DiRaimondo, and in the submission of my papers to the INS, I was truthful and honest. I never knew that I had been placed into removal proceedings, I never received a Notice to Appear from the INS, an Order of Deportation from an Immigration Judge, or a Notice of Surrender, or any document from the INS regarding removal proceedings. The last information I received from the INS was their letter dated July 28, 1999, terminating my case.
8. As you can imagine, I was shocked when I was told at my adjustment interview that I had an outstanding order of removal and was even more shocked when I was taken into immigration custody. I have never been in jail for any reason. I respectfully request that the proceedings

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
OFFICE OF THE IMMIGRATION JUDGE

X _____ X

In the Matter of

Michael KAMBUROWSKI,

A76 595 582,

Respondent

In Removal Proceedings.

MOTION TO REOPEN A PREVIOUSLY ENTERED ORDER

DIRAMONDO & MASTRELLI

ATTORNEYS AT LAW

Respondent

401 Broad Hollow Road, #302
MELVILLE, NEW YORK 11747
(516) 747-5577
FAX: (516) 747-5578

120 Broadway, 18th Floor
NEW YORK, NEW YORK 10271
(212) 537-0550
FAX: (212) 537-0545

Service of any document without further notice is hereby acknowledged.

Dated:

January 10, 2000

000000096

DIRAIMONDO & MASI, LLP

and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true. The reason this verification is made by me and not by

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

I affirm that the foregoing statements are true under the penalties of perjury.

Dated:

STATE OF

COUNTY OF

The name signed must be printed beneath

I,

Individual
Verification

the [redacted] day of [redacted], 19[redacted] in the within action. I have read the foregoing Verified Statement of [redacted] and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

Corporate
Verification

the [redacted] day of [redacted], 19[redacted] in the within action. I am the president of [redacted] corporation and a party in the within action. I have read the foregoing Verified Statement of [redacted] and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true. This Verification is made by me because the above-named corporation and I am an officer thereof. The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

Verifying before me on

STATE OF

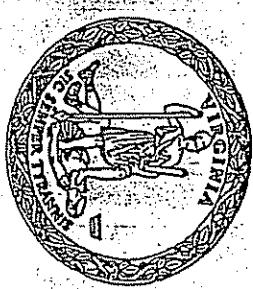
COUNTY OF

[redacted] day of [redacted], 19[redacted] at [redacted] residence of [redacted] in the [redacted] county, state of [redacted]

and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

I, [redacted] do hereby declare that the copy of the foregoing Verified Statement of [redacted] is a true and correct copy of the original statement and is being delivered to the Clerk of the Court of Common Pleas of [redacted] County, Pennsylvania, by delivery of the copy thereof personally unto each person named below at the address indicated. I have each person named below received to receive the original statement and the copy of the foregoing Verified Statement of [redacted].

Certificate Of Marriage



I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

Michael Raphael Kamibrowski

, HUSBAND,

Gina Jessica Marie Smith

, WIFE,

AND

ON

June 14, 2001

IN Arlington County

, VIRGINIA,

BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF

Arlington County , VIRGINIA, DATED

June 14, 2001

GIVEN UNDER MY HAND ON June 14, 2001

(Signature of Official)

Gerald E. Williams-Civil Magistrate
(Title of Official)

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF HEALTH

LEGAL TENDER ONE DOLLAR
NOT VALID WITHOUT SEAL

00000099

(Family name) KAMBUROWSKI, Michael Raphael	(First name) KAMBUROWSKI, Michael Raphael	(Middle name)	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) 05-03-71	NATIONALITY Australian	FILE NUMBER A-None	
ALL OTHER NAMES USED (including names by previous marriages)			CITY AND COUNTRY OF BIRTH Chelm, Poland			SOCIAL SECURITY NO. (if any) None	
FAMILY NAME FIRST NAME KAMBUROWSKI, Zbigniej	DATE, CITY AND COUNTRY OF BIRTH(if known) 03-01-48 Poland			CITY AND COUNTRY OF RESIDENCE Geelong, Australia			
FATHER KALABUN, Urszula	10-21-48 Poland			Geelong, Australia			
MOTHER (Maiden name)							
HUSBAND (if none, so state) FAMILY NAME OR (For wife, give maiden name) KAMBUROWSKI	FIRST NAME Gina	BIRTHDATE 03-15-77	CITY & COUNTRY OF BIRTH Hartford, CT USA	DATE OF MARRIAGE 06-14-01	PLACE OF MARRIAGE Arlington, VA USA		
FORMER HUSBANDS OR WIVES(if none, so state)							
FAMILY NAME (For wife, give maiden name) SWEAT	FIRST NAME Terri Lynn	BIRTHDATE 05-23-72	DATE & PLACE OF MARRIAGE 02-08-97 Alexandra, VA	DATE AND PLACE OF TERMINATION OF MARRIAGE 04-09-98 Alexandria, VA			
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
11-15 St. Nicholas Avenue, Apt # SH	New York	NY	USA	06	01	PRESENT TIME	
2070 Belmont Road, NN 608	Washington	DC	USA	12	99	06	01
1613 Harvard St. NN # 206	Washington	DC	USA	04	98	12	99
2001 N. Adams St. # 416	Arlington	VA	USA	02	97	04	98
1300 Rhode Island Ave, NN	Washington	DC	USA	12	95	02	97
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
14 Grange Ct.	Geelong	Victoria	Australia	12	85	01	95
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYER FIRST.							
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION SPECIFY			MONTH	YEAR	MONTH	YEAR
Unemployed	Lobbyist					PRESENT TIME	
Americans for Tax Reform, 1920 L Street, Washington DC 20036 USA				11	95	12	00
Show below last occupation abroad if not shown above. (Include all information requested above.)							
Mahlab Group	Marketing			1993	1994		
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE			
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	<i>[Signature]</i>		5/23/02			
<input type="checkbox"/> OTHER (SPECIFY):		If your native alphabet is in other than roman letters, write your name in your native alphabet in this space:					
Submit all four pages of this form.		N/A					

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY THE HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family Name) KAMBUROWSKI	(Given Name) Michael	(Middle Name) Raphael	(Alien registration number) None
-------------------------------------------------------	--------------------------------	---------------------------------	--------------------------------------------

(1) Ident

000001581

Form G-325 A (Rev. 09/11/00)

000000100

(Family name) KAMBUROWSKI, Gina Jessica	(First name) Gina Jessica	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE(Mo.-Day-Yr.) 03-15-77	NATIONALITY USC	FILE NUMBER A---
ALL OTHER NAMES USED (including names by previous marriages) Gina Jessica Smith			CITY AND COUNTRY OF BIRTH Hartford, USA			SOCIAL SECURITY NO. 045-82-7394
FATHER SCOTT, Theodore	FAMILY NAME FIRST NAME SMITH, Theodore	DATE, CITY AND COUNTRY OF BIRTH(if known) 11-26-31 Antigua			CITY AND COUNTRY OF RESIDENCE East Hartford, CT, USA	
MOTHER (Maiden name) Minerva	MOTHER (Maiden name) KAMBUROWSKI	DATE, CITY AND COUNTRY OF BIRTH(if known) 06-22-35 Dominican Republic			CITY AND COUNTRY OF RESIDENCE East Hartford, CT, USA	
HUSBAND (if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) KAMBUROWSKI	FIRST NAME Michael	BIRTHDATE 05-03-71	CITY & COUNTRY OF BIRTH Chelm Poland	DATE OF MARRIAGE 06-14-01	PLACE OF MARRIAGE Arlington, Virginia USA
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
II-15 St. Nicholas Avenue, Apt # 5H	New York	NY	USA	06	01		PRESENT TIME
2070 Belmont Road, NN #608	Washington	DC	USA	05	01	06	01
4105 W Street NN #101	Washington	DC	USA	09	99	05	01
5850 Cameron Run Terrace, #1112	Alexandria	VA	USA	06	99	09	99
3 Elida Court	East Hartford	CT	USA	00	93	06	99

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYER FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION SPECIFY	FROM	TO
Adler & Robin Books, Inc., 3000 Connecticut Ave., Washington DC	Editor	04	00
National Journal's Technology Daily, 600 New Hampshire Ave., Washington DC	Staff Writer	06	99
New England Cable News, 160 Wells Ave, Newton MA	Producer	10	98

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION	<input type="checkbox"/> STATUS AS PERMANENT RESIDENT	
<input checked="" type="checkbox"/> OTHER (SPECIFY): Petition for Alien Relative	<i>Gina Jessica Kambrowski</i> 5/23/02	
If your native alphabet is in other than roman letters, write your name in your native alphabet in this space.		

Submit all four pages of this form.

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY THE HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family Name) KAMBUROWSKI	(Given Name) Gina	(Middle Name) Jessica	(Alien registration number)
-------------------------------------------------------	-----------------------------	---------------------------------	-----------------------------

00001582

(1) Ident.

Form G-325-A (Rev. 05-17-00) Y

000000101

Form 485, Application to Register Permanent Residence or Adjust Status

START HERE - Please Type or Print

Part 1. Information about you.

Family Name	KAMBUROWSKI	Given Name	Michael	Middle Initial	R
Address - C/O					

Street Number and Name	11 - 15 St. Nicholas Street	Apt. #	5H
------------------------	-----------------------------	--------	----

City	New York
------	----------

State	NY	Zip Code	10026
Date of Birth (month/day/year)	05-03-71	Country of Birth	Poland
Social Security #	None	A # (if any)	None
Date of Last Arrival (month/day/year)	01-23-95	I-94 #	70324993900
Current INS Status	B-2	Expires on (month/day/year)	02-22-95

Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

- a. an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice—or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. I entered as a K-1 fiance(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiance(e). (Attach a copy of the fiance(e) petition approval notice and the marriage certificate).
- d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter and thereafter have been physically present in the U.S. for at least 1 year.
- g. I have continuously resided in the U.S. since before January 1, 1972.
- h. Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. I am a native or citizen of Cuba and meet the description in (e), above.
- j. I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

Continued on back

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Section of Law
<input type="checkbox"/> Sec. 209(b), INA
<input type="checkbox"/> Sec. 13, Act of 9/11/57
<input type="checkbox"/> Sec. 245, INA
<input type="checkbox"/> Sec. 249, INA
<input type="checkbox"/> Sec. 1 Act of 11/2/66
<input type="checkbox"/> Sec. 2 Act of 11/2/66
<input type="checkbox"/> Other

Country Chargeable

Eligibility Under Sec. 245
<input type="checkbox"/> Approved Visa Petition
<input type="checkbox"/> Dependent of Principal Alien
<input type="checkbox"/> Special Immigrant
<input type="checkbox"/> Other

Preference

Action Block

To Be Completed by Attorney or Representative, if any
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant
VOLAG#

ATTY State License #
Form 1-485 (Rev. 02/07/00) N Page 1

000001581

000000102

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" to any of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust your status or register for permanent residence.)

1. Have you ever, in or outside the U.S.:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No
 - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? Yes No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U.S.? Yes No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes No
3. Have you ever:
 - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? Yes No
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the trafficking of any controlled substance? Yes No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes No
5. Do you intend to engage in the U.S. in:
 - a. espionage? Yes No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means? Yes No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? Yes No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? Yes No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? Yes No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? Yes No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit? Yes No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? Yes No
12. Have you ever been a nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not complied with that requirement or obtained a waiver? Yes No
13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child? Yes No
14. Do you plan to practice polygamy in the U.S.? Yes No

00001581

(Continued on back)

Form I-485 (Rev. 02/07/00) N Page 3

000000103



PEOPLE'S REPUBLIC OF POLAND

Province of Chełm
Municipal Registry in Chełm

Abridged Abstract of Birth Certificate

1. Last name Kamburowski

2. Name (names) Michał Rafał

3. Date of birth May third, nineteen hundred

and seventy one (50.03.1971)

4. Place of birth Chełm

5. Name and last name (father) Kamburowski Zbigniew

profession student

6. Family name (father) _____

7. First name and maiden name (mother) Urszula Rozalia Kalabun

profession student

The correspondence of the above abstract with the contents of Certificate of Birth No. 670/1971 is certified.

[circular seal of the
Chełm Municipal Registry]

Warszawa-Wola, June 21, 1983

[50 zł cancelled
fee stamp]

Director of the Municipal Registry
Deputy Director of the Municipal Registry
/signature/
Danuta Kraczkowska

STATE OF NEW YORK)
)
COUNTY OF NEW YORK)
)

CERTIFICATE OF ACCURACY

Mariusz Moryl, being duly sworn, deposes and says:
I am fluent in both the English and Polish languages. I have made the above translation from the original document in the Polish language and hereby certify that the same is a true and complete translation to the best of my knowledge, ability, and belief.

Mariusz Moryl
TrustforLanguage Services



Sworn to before me this
12th day of March, 2002

BARRIE ROSEN

Notary Public, State of New York
No. 31-6015233
Qualified in New York County
Commission Expires Oct. 26, 2002

Notary Public

000000104



In accordance with the circular of the Prime Minister dated 09.05.1956 (illegible/ No. 75, item 883), after registering the data, the abstract should be returned to the person presenting it.

PEOPLE'S REPUBLIC OF POLAND
Province of Lublin
County of Chełm
CIVIL REGISTRY
in Chełm
NO. 670/1971

Abstract of Birth Certificate

Free of Treasury Fee for the population census and personal identification purposes.

I hereby certify that Kambrowski, Michał Rafał
son of Zbigniew and Urszula Rozalia
was born on 3rd of May, nineteen hundred
and seventy one,

May 3, 1971 in Chełm.

Chełm, October 14, 1971

[circular seal
of Civil Registry in Chełm]

Director
of the Civil Registry

[signature]
Zbigniew Rajewski

I, Marialaina L. Masi, AN ATTORNEY
ADMITTED TO PRACTICE IN THE COURTS OF NEW YORK STATE, DO HEREBY CERTIFY PURSUANT TO RULE 2105 CPLR, THAT I HAVE COMPARED THE FOREGOING WITH THE ORIGINAL AND HAVE FOUND IT TO BE A TRUE AND COMPLETE COPY.
DATED: NEW YORK
5/28/02 M. A. masi

STATE OF NEW YORK
SS:
COUNTY OF NEW YORK)

CERTIFICATE OF ACCURACY

Mariusz Moryl, being duly sworn, deposes and says:
I am fluent in both the English and Polish languages. I have made the above translation from the original document in the Polish language and hereby certify that the same is a true and complete translation to the best of my knowledge, ability, and belief.

Mariusz Moryl
TrustForte Language Services



Sworn to before me this
12th day of March, 2002

BARIE ROSEN
Notary Public, State of New York
No. 31-015233
Qualified in New York County
Commission Expires Oct. 26, 2002

Notary Public

000000105

POLSKA RZECZPOSPOLITA LUDOWA
Województwo Lublin
Powiat Lublin
URZĄD STANU CYWILNEGO
w Lublinie
Nr 640, 18 V

Zgodnie z oświadczenie Prezesa Rady Ministrów
z dnia 5. III 1956 (M. Nr 75, poz. 88), połącz odwołaniami
odwołaniami i uzupełnieniami aktu urodzenia, podlegających
cic osobie przedkładającej.

Wyciąg z aktu urodzenia



MSW-M-7 ziec. Nr 785/PWH/LZ/CWD
PZG w Lublinie, P. Skargi 40; zam. 448-71, nakl. 1 200 000 szt.

Zaświadczam, że Kamburowski Michał Rafał –
syn siostry Zbigniewa i Ursuli (imiona i nazwisko i imię)
urodził się dnia trzeciego (imiona) tysiąc osiemset osiemdziesiąt siódmych (imiona)
dziejów polskich (rok) roku w Lublinie.
Lublin, dnia 18 lipca 1971 r.

Kierownik
Urzędu Stanu Cywilnego
Zbigniew Rajewski

MICHAEL KAMBUROSKI'S BIRTH CERTIFICATE (POLISH)

000000106

Zgoda na zatwierdzenie projektu budżetu państwa na rok 1948, uchwalona dnia 5 lipca 1948 r. (Dz. U. z. Nr. 76, poz. 843).

Vojvodzkie
Powiat

Wyciąg z aktu urodzenia

Nr 670, 1947
Zawiadzam, że: Kolejny przypadek - kierowcy - Rafał -

syn - east. Sylwia z d. Góreckich urodził się dnia sierpnia ^(św. Stanisław) 1910 r. w Krakowie. Jego ojciec ^(św. Piotr) Sylwester i -

dissertations 1977

DNSW-N-7 ziac. nr. 75/P-WH/4/CWD
PZG w. Lublinie, p. starej 40; zam. 448-71; nakl. 1 000 szt.

Urzec Kierownik
Stanu Głównego
Zbigniew Rajewski

000000107

START HERE - Please Type or Print

Part 1. Information on Sponsor (You)

Last Name Kambrowski	First Name Gina	Middle Name Jessica	
Mailing Address (<i>Street Number and Name</i>) 11-15 St. Nicholas Ave		Apt/Suite Number	
City New York		State or Province NY	
Country USA		ZIP/Postal Code 10026	Telephone Number (202) 425-4721
Place of Residence if different from above (<i>Street Number and Name</i>) 11-15 St. Nicholas Avenue		Apt/Suite Number 5H	FOR AGENCY USE ONLY This Affidavit Receipt <input checked="" type="checkbox"/> Meets <input type="checkbox"/> Does not meet Requirements of Section 213A Officer's Signature Location Date
City New York		State or Province NY	
Country USA	ZIP/Postal Code 10026	Telephone Number (202) 425-4721	
Date of Birth (<i>Month, Day, Year</i>) 03-15-77	Place of Birth (<i>City, State, Country</i>) Hartford, CT, USA	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number 045-82-7394	A-Number (<i>If any</i>) 		
Part 2. Basis for Filing Affidavit of Support			
I am filing this affidavit of support because (<i>check one</i>):			
a. <input checked="" type="checkbox"/> I filed/am filing the alien relative petition.			
b. <input type="checkbox"/> I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my _____. (relationship)			
c. <input type="checkbox"/> I have ownership interest of at least 5% of _____. (name of entity which filed visa petition) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____. (relationship)			
d. <input type="checkbox"/> I am a joint sponsor, willing to accept the legal obligations with any other sponsor(s).			

Part 3. Information on the Immigrant(s) You Are Sponsoring

Last Name Kambrowski	First Name Michael	Middle Name Raphael	
Date of Birth (Month, Day, Year) 05-03-71	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (If any) None	
Country of Citizenship Australia	A-Number (If any) None		
Current Address (Street Number and Name) 11-15 St. Nicholas Avenue	Apt/Suite Number 5H	City New York	
State/Province NY	Country USA	ZIP/Postal Code 10026	Telephone Number (202) 425-4721

List any spouse and/or children immigrating with the immigrant named above in this Part:

(Use additional sheets of paper if necessary.)

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D. Sponsor's Annual Household Income

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your own income to qualify, list total earnings from your W-2 Forms, or, if necessary to reach the required income for your household size, include income from other sources listed on your tax return. If your *individual* income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

You must attach evidence, of current employment and copies of income tax returns filed the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.

- I filed a single/separate tax return for the most recent tax year.
- I filed a joint return for the most recent tax year which includes only my own income.
- I filed a joint return for the most recent tax year which includes income for my spouse and myself.
 - I am submitting documentation of my individual income (Forms W-2 and 1099).
 - I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

Indicate most recent tax year

(tax year)

\$

Sponsor's individual income

or

Sponsor and spouse's combined income

(If joint tax return filed; spouse must submit
Form I-864A.)

\$

Income of other qualifying persons.

(List names; include spouse if applicable.
Each person must complete Form I-864A.)

\$

\$

\$

Total Household Income

\$

Explain on separate sheet of paper if you or any of the above listed individuals are submitting Federal income tax returns for fewer than 3 years, or if other explanation of income, employment or evidence is necessary.

E. Determination of Eligibility Based on Income

1. I am subject to the 125 percent of poverty line requirement for sponsors.
- I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.
2. Sponsor's total household size, from Part 4.C., line 5: 2
3. Minimum income requirement from the Poverty Guidelines chart for the year of 2001 is \$ 13,562 for this household size. (Year)

If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line E.3.), you do not need to list assets (Parts 4.F. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.F.

Notice of Change of Address.

Sponsors are required to provide written notice of any change of address within 30 days of the change in address until the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die. To comply with this requirement, the sponsor must complete INS Form I-865. Failure to give this notice may subject the sponsor to the civil penalty established under section 213A(d)(2) which ranges from \$250 to \$2,000, unless the failure to report occurred with the knowledge that the sponsored immigrant(s) had received means-tested public benefits, in which case the penalty ranges from \$2,000 to \$5,000.

If my address changes for any reason before my obligations under this affidavit of support terminate, I will complete and file INS Form I-865, Sponsor's Notice of Change of Address, within 30 days of the change of address. I understand that failure to give this notice may subject me to civil penalties.

Means-tested Public Benefit Prohibitions and Exceptions.

Under section 403(a) of Public Law 104-193 (Welfare Reform Act), aliens lawfully admitted for permanent residence in the United States, with certain exceptions, are ineligible for most Federally-funded means-tested public benefits during their first 5 years in the United States. This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act or to State public benefits, including emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

Consideration of Sponsor's Income in Determining Eligibility for Benefits.

If a permanent resident alien is no longer statutorily barred from a Federally-funded means-tested public benefit program and applies for such a benefit, the income and resources of the sponsor and the sponsor's spouse will be considered (or deemed) to be the income and resources of the sponsored immigrant in determining the immigrant's eligibility for Federal means-tested public benefits. Any State or local government may also choose to consider (or deem) the income and resources of the sponsor and the sponsor's spouse to be the income and resources of the immigrant for the purposes of determining eligibility for their means-tested public benefits. The attribution of the income and resources of the sponsor and the sponsor's spouse to the immigrant will continue until the immigrant becomes a U.S. citizen or has worked or can be credited with 40 qualifying quarters of work, provided that the immigrant or the worker crediting the quarters to the immigrant has not received any Federal means-tested public benefit during any creditable quarter for any period after December 31, 1996.

I understand that, under section 213A of the Immigration and Nationality Act (the Act), as amended, this affidavit of support constitutes a contract between me and the U.S. Government. This contract is designed to protect the United States Government, and State and local government agencies or private entities that provide means-tested public benefits, from having to pay benefits to or on behalf of the sponsored immigrant(s), for as long as I am obligated to support them under this affidavit of support. I understand that the sponsored immigrants, or any Federal, State, local, or private entity that pays any means-tested benefit to or on behalf of the sponsored immigrant(s), are entitled to sue me if I fail to meet my obligations under this affidavit of support, as defined by section 213A and INS regulations.

Civil Action to Enforce.

If the immigrant on whose behalf this affidavit of support is executed receives any Federal, State, or local means-tested public benefit before this obligation terminates, the Federal, State, or local agency or private entity may request reimbursement from the sponsor who signed this affidavit. If the sponsor fails to honor the request for reimbursement, the agency may sue the sponsor in any U.S. District Court or any State court with jurisdiction of civil actions for breach of contract. INS will provide names, addresses, and Social Security account numbers of sponsors to benefit-providing agencies for this purpose. Sponsors may also be liable for paying the costs of collection, including legal fees.

BankofAmerica



Bank of America
Dupont Circle Banking Center
DC1-821-01-01
3 Dupont Circle N.W.
Washington, DC 20036-1701

Tel 202.624.4370
Fax 202.785.3878

July 12, 2001

Michael R Kamurowski
11-15 St Nicholas Ave. Apt. 5-H
New York, NY 10026

Dear Mr. Kamurowski:

Our records show that you been a depositor of good standing since February 02, 1995.

We trust that this confidential information, which comes from our direct experience, will be of assistance to you. Please let us know if we may be of service in the future by calling us at
(202) 624-4370

Sincerely,

Cassandra Goodman
Bank Officer

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Application For Employment Authorization

Do Not Write in This Block

Remarks	Action Stamp	Fee Stamp
A#		
Applicant is filing under 274a.12		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c) (14) (18) and 8 CFR 214.2(f)		

I am applying for:	<input checked="" type="checkbox"/> Permission to accept employment <input type="checkbox"/> Replacement (of lost employment authorization document). <input type="checkbox"/> Renewal of my permission to accept employment (attach previous employment authorization document).	
1. Name (Family Name in CAPS) (First) (Middle) (Last)	KAMBUROWSKI Michael Raphael	11. Have you ever before applied for employment authorization from INS?
2. Other Names Used (Include Maiden Name)		<input checked="" type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No Which INS Office? Arlington VA Date(s) 09-1997
3. Address in the United States (Number and Street) (Apt. Number) 11-15 St. Nicholas Avenue	5H	Results (Granted or Denied - attach all documentation)
(Town or City) New York	(State/Country) NY	12. Date of Last Entry into the U.S. (Month/Day/Year) 01-23-95
4. Country of Citizenship/Nationality Australia		13. Place of Last Entry into the U.S. Los Angeles CA
5. Place of Birth (Town or City) (State/Province) (Country) Chelm	Chelm	14. Manner of Last Entry (Visitor, Student, etc.) Visitor
6. Date of Birth (Month/Day/Year) 05-03-71	7. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	15. Current Immigration Status (Visitor, Student, etc.) Visitor for Pleasure
8. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	16. Go to Part 2 of the instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.). Eligibility under 8 CFR 274a.12 (c) (9) ()
9. Social Security Number (Include all Numbers you have ever used) None		
10. Alien Registration Number (A-Number) or I-94 Number (if any) 70324993900		

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature

Telephone Number

Date

202-425-4721

5/13/02

Signature of Person Preparing Form if Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name

Address

Signature

Date

Michael P DiRaimondo

DiRaimondo & Mast, LLP
401 Broadhollow Road, #302
Melville NY 11747

J. Michael DiRaimondo 5/13/02

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Initial Receipt	Resubmitted	Relocated	Completed
Rec'd	Sent	Approved	Denied

Departure Number

703249939 00

Immigration and
Naturalization Service

I-94
Departure Record

BZ

JUL 22 1995

14. Family Name

K A M B U R O N S K I

14A. First (Given) Name

MICHAEL

14B. Birth Date (Day/Mo/Yr)

08/05/71

14C. Country of Citizenship

AMERICAN

See Other Side

STAPLE HERE

I, MICHAEL P. DIRAMONDO, AN ATTORNEY
IN THIS STATE, DO HEREBY CERTIFY PURSUANT TO
2105 CPLR THAT I HAVE COMPARED THE
COPY WITH THE ORIGINAL AND HAVE FOUND
TRUE AND COMPLETE COPY.

AT YORK

5/31/92 Michael P. DiRaimondo

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PAUL SHEARMAN ALLEN & ASSOCIATES

ATTORNEYS AT LAW

1329 18th STREET, NW

WASHINGTON, DC 20036

TEL 202.638.2777; FAX 202.638.1677

E-MAIL: DrGreencard@cyberhost.com

URL: <http://cyberhost.com/allen/index.html>

PAUL SHEARMAN ALLEN (DC & NY)
SUSAN AU ALLEN (DC & PENNSYLVANIA)

COPY

HONG KONG OFFICE:
21/F CIRCLE TOWER
28 TANG LUNG STREET
CAUSEWAY BAY, HONG KONG
TEL 2-721.8881; FAX 2-369.8455

January 20, 1998

certified mail #Z 013 016 105

William Carroll, District Director
Immigration and Naturalization Service
P.O. Box 3018
Arlington, VA 22203

**RE: I-130, PETITION FOR ALIEN RELATIVE
I-485, APPLICATION FOR PERMANENT RESIDENCE and
I-765, APPLICATION FOR EMPLOYMENT AUTHORIZATION**
Petitioner: SWEAT, Terry Lynn
Beneficiary: KAMBUROWSKI, Michael Raphael - born 5/3/71 in Poland
REQUEST OF STATUS

Dear Mr. Carroll:

My office represents Michael Raphael Kamburowski with respect to his immigration matters.

On October 30, 1997 my office submitted an I-130, Petition for Alien Relative, I-485, Application for Permanent Residence and an I-765, Application for Employment Authorization on behalf of my client. Copy of the US Postal Domestic Return Receipt signed by your offices confirming the filing is enclosed for your convenience. To date, we have not received a decision regarding her application.

This application was filed on October 30, 1997 and it is now over one hundred (80) days since the date of filing. The purpose of this letter is to request the status on my client's application.

Thank you for your expeditious action on this matter.

Sincerely,

PAUL SHEARMAN ALLEN & ASSOCIATES


Paul Shearman Allen, III

PSA:if

Encl: copy of my 10/30/97 letter

US postal Domestic Return Receipt

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NOTICE OF ENTRY OR APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re:
All Immigration Matters

DATE (0-30-97)
FILE No.

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME Terri Lynn Sweat	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>		
ADDRESS (Apt. No.) c/o Paul Shearman Allen & Assoc.; 1329 18th St., NW, Washington, DC 20036	(Number & Street)	(City)	(State)	(ZIP Code)
NAME KAMBUROWSKI, Michael R.	<input checked="" type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>		
ADDRESS (Apt. No.) c/o Paul Shearman Allen & Assoc., 1329 18th St., NW, Washington, DC 20036	(Number & Street)	(City)	(State)	(ZIP Code)

Check Applicable Item(s) below:

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia
the State of New York, Pennsylvania (Name of Court) and am not under a court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law.

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

3. I am associated with
the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item also check item 1 or 2 whichever is appropriate.)

4. Others (Explain fully)

You are advised that in conformity with Public Law 90-83, 5 USC 500(f), 81 Stat. 195, you are required to give notice to the undersigned of all notices or other written communication in this case.

SIGNATURE (x) Paul S. Allen	COMPLETE ADDRESS PAUL SHEARMAN ALLEN & ASSOCIATES 1329 18th Street NW Washington, D.C. 20036
NAME (Type or Print) Paul Shearman Allen	TELEPHONE NUMBER 202-638-2777

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Paul Shearman Allen & Associates, Attorneys at Law

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

ALL IMMIGRATION MATTERS

NAME OF PERSON CONSENTING Terri Lynn Sweat	NAME OF PERSON CONSENTING 10/1/97	DATE 9/29/97
-----------------------------------------------	--------------------------------------	-----------------

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)